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There's no place like home! The Impact of Accommodations Homescape on Traveler Well-being

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Introduction

In 2016, the home decor market was estimated to be grossing as much as $43 billion per year in the United States, alone (ASID, 2017). In the same year, *Better Homes and Gardens* magazine had a circulation of over 37.4 million (Better Home and Gardens, 2017). TV programs on homes are enormously popular, as well. HGTV (Home and Garden Television), an entire TV channel (and Web site) devoted to buying, selling, and fixing up homes, attracted over 70 million monthly viewers in the first quarter of 2017. These, and many other examples, suggest that people care a great deal about their home spaces. In fact, theorists and practitioners have long emphasized the psychological significance of a home environment; theorists ranging from Carl Jung (e.g., 1963) to Clare Cooper-Marcus (e.g., 1995) have proposed that of all places, the home has a particularly powerful symbolic and psychological significance for occupants (Hayward, 1975). That is, the home is more than a place in which an individual resides but rather a unique place where a person's self is reflected and comes to life.

In light of all the media, attention, and resources that people put into their homes and important research on psychological benefits of a residential environment provided to users, one might expect the home to be a prime domain of research. Yet, a large portion of studies in the area of residential dwelling and occupant outcomes remains conceptual (Graham, Gosling, & Travis, 2015). Furthermore, traveler-related research and experience during residency in accommodations remains underrepresented in the tourism literature (Ritchie, Tung, & Ritchie, 2011). Namely, home-like settings and experiences in accommodations is an area to which no empirical attention has been directed. Therefore, the fundamental psychological enhancement for travelers instigated by the experience of feeling 'at home' warrants an exploration into the evolving nature and dynamics of the accommodations industry. Especially, given the growth of the home sharing economy, or peer-to-peer accommodation marketplace, with the home environment being a critical factor.

Of particular importance, is the notion that a traveler for the purpose of receiving healthcare services might benefit from a home environment. In the past few decades, medical tourism, which involves patients traveling to receive effective and quality healthcare services, has been one of the most popular and fastest-growing trends in both the healthcare and tourism industries (Yu & Ko, 2012). The aging population, soaring health care service expenses, decreasing insurance coverage, increased waiting times and caregiver numbers shrinking in relation to the demand size, while expectations surrounding holistic care and maintenance of good health are increasing, encourages medical tourism (Connell, 2013). Furthermore, new insurance plans are offering patients more choices related to where they are able to receive treatment, increasing travel for healthcare services (Cormany & Baloglu, 2011). Recent studies have estimated that, worldwide, medical tourism generates nearly $60 billion per year, with the industry growing at a rate of about 20% annually (Han & Hyun, 2014). In this regard, more and more cities are actively promoting medical tourism and increasing the number of locations and variety of healthcare services offered. (Crozier & Baylis, 2010). Thus, the diversified traveler segments becomes a distinct advantage for many hotel providers.

Given its position as the world's largest peer-to-peer accommodations provider within the sharing economy, following a series of acquisitions, Airbnb has undoubtedly the propensity to capitalize on healthcare traveler demand, as well. For instance, Airbnbs may be offered near medical centers and healthcare service providers, where hotel development and operation is infeasible. In addition, when compared to offerings at regular hotels, healthcare travelers may enjoy distinct benefits of an Airbnb; thanks to the physical features of kitchens, bedrooms, living rooms, and garages, these accommodations are particularly well suited to cooking, sleeping, entertaining guests, and families, respectively. The layout and other physical features of the space can influence activities (e.g., reading a book) or social interactions (e.g., chatting with friends) that take place in the space, or community (e.g. making friends with neighbors) which in turn may affect cognitive and emotional states of the occupants (e.g., a sense of self-worth or relaxation). In addition, ambient features (e.g., artwork, decoration, furniture, style of the space) can influence an occupant's mood, concentration, and productivity (Evans, Wells, & Moch, 2003; Gifford, 2007; Graham et al., 2015; Jasnoski, 1992). Second, home accessories can affect what people think about and how they feel when in a residential space; for example, personal artifacts of an owner may evoke fond memories of a traveler' s own home. The presence of items (e.g., symbols, photos of family and friends, furniture) can influence levels of well-being and feelings of social support (Gifford, 2007). For instance, people may use the personal artifacts as "social snacks" (tangible reminders of the decoration and accessories of their own home) to fend off feelings of loneliness, social isolation, and unfamiliarity (Gardner, Pickett, & Knowles, 2005).

Given these benefits, however, industry and academics, alike, remain poorly acquainted with the concept and distinctive characteristics of home-like accommodations for the traveler market. The present study examines the role of the accommodations homescape (esthetics, home-design congruence, and community). in facilitating the traveler experience of feeling "at home", which, in turn, improves traveler well-being. In addition, the present study adopts a medical tourism marketing approach to the healthcare traveler experience and leverages the literature in residential and hospitality environmental psychology to submit the following proposition: given that well-being stems from experiences within a physical and social environment (Graham et al., 2015; Suess & Mody, 2017), accommodations can improve traveler outcomes by creating "homescapes" that facilitate improved well-being. In so doing, the authors seek to achieve two objectives: 1) develop the concept of "homescape" in the accommodations industry; and, 2) examine the ability of the "homescape" to influence traveler well-being. In addition, the following research questions are addressed:

1: How do Airbnb and hotel accommodations differ along the dimensions of the homescape?

2: How do hotels and Airbnb differ in the way the homescape affects travelers' experience of feeling "at home"?

3: Does travelers' experience of feeling "at home" influence their overall well-being?

Literature Review

Homescape in the Accommodations Industry

In view of the two trends—that is, the psychological benefits from a home-like environment to travelers and the scope for more experience-related research in the tourism literature—we used Psychosocial theory to develop a model of accommodations homescapes.

Psychosocial Theory

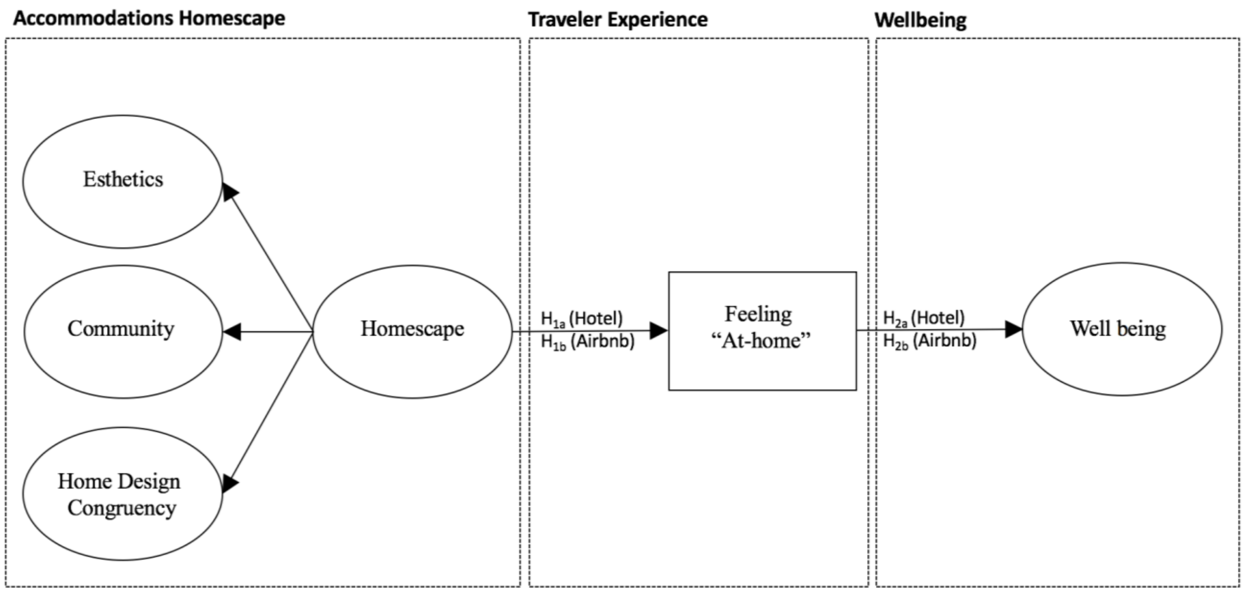
Psychosocial theory provides a conceptual framework that understands human development as a product of a wider environment, and the needs of the individual (Baranowski, Perry, & Parcel, 2002). This framework encompasses the ability of an individual to 'integrate, organize and conceptualize their experiences in order to protect themselves, cope with challenges and direct the course of their lives' (ibid., p. 20). The psychosocial system can be understood in terms of how psychological factors – cognitions and emotions– influence, or are influenced by the social environment, which itself is comprised of culture, family, and community (Evans, Wells, Chan, & Saltzman, 2000; Marmot & Siegrist, 2004)

Psychosocial environment can be conceptualized beyond the mere social context – to include the physical atmosphere that harbors interaction within that context (Clark & Kearns, 2012). As Marmot and Siegrist (2004) point out, an environment can constitute a range of socio-structural opportunities to enable people to have positive self-experience in respect of self-efficacy (accomplishing things and having an expectation of positive outcomes) and self-esteem (experiencing positive emotions and a sense of self-worth), which contribute to well-being (Kearns, Whitley, Bond, & Tannahill, 2012). Thought to be of importance, related to culture, family and community structural systems, is the home. The home can shape thinking, feelings, and behavior (Evans et al., 2003).

The impacts of both negative and positive psychosocial home environments are said to be both direct (e.g. through biological responses) and indirect (through psychological responses). A home can represent positive social environments; family, friendship, status in a community, which lead to self-esteem and self-efficacy (Clark & Kearns, 2012), and physical environments that include physical design, aesthetics and ambience, which can influence psychological benefits such as reduced stress, and enhanced control (Graham et al., 2015; Ulrich, 1991).

In sum, a good home environment is one that promotes a positive psychosocial experience and one's own well-being. Applied to the tourism industry, we propose that accommodations that correlate with travelers feeling "at home", promote well-being. Conceptualizing esthetics from Pine and Gilmore's (1998) seminal experience economy, communitas from Mody et al.'s (2017) accomodations experiencescape, and adapting self-image congruence from Sirgy et al., (1997) to a traveler's personal home's design congruency with the accommodation, we developed a model and hypotheses depicted in Figure 1.

Figure 1. Accommodations Homescape Model



Methodology

Survey Design

Constructs (depicted in Figure 1) were composed of items measured in a survey, administered online. All items and scales are included in Table 3. The sample for the study was drawn from an extensive database provided by the online research company Qualtrics. A total of 740 usable responses were collected: 310 from travelers who had stayed at a hotel and 430 travelers who had stayed at an Airbnb, at least one night (mutually exclusive; questions pertaining to most recent stay), for the purpose of receiving healthcare services in the last six months. The sample represents forty-five of the fifty states in the U.S.

Analysis

As the first step in analyzing the data, descriptive statistics and distributions were assessed for the overall sample. Next, an overall CFA was conducted to validate the various constructs of the homescape. The dimensions of the homescape (esthetics, community, and home design congruence) were modeled as second order constructs, based on previous studies (Ali et al., 2016; Knobloch et al., 2016; Loureiro, 2014; Mody et al., 2016; Suess & Mody, 2017). Two separate CFA models were tested for the hotel and Airbnb samples. This was followed by the structural equation modeling (SEM) to test hypothese in the proposed model (Figure 1). Two separate SEM models were tested for the hotel and Airbnb samples. In the final stage of analysis, authors used pair-wise parameter comparisons to determine whether any of structural parameters were significantly different between the hotel and Airbnb models in the SEM stage (*Structural Equation Modeling*, n.d.).

Results

The demographic profile of the respondents in the Airbnb and hotel groups is presented in Table 1.

Table 1. Respondent Profile

Demographic Category	Hotel Group Sample Size (n = 310)	Hotel Group %	Airbnb Group Sample Size (n = 430)	Airbnb Group %	Chi-Square Value (df)
Age					12.98[a] (4)
18-25	88	28.39	77	17.91	
26-34	101	23.49	158	36.74	
55-64	92	21.40	143	33.26	
55-64	21	4.88	31	7.21	
Older than 64	8	1.86	21	4.88	
Gender					7.69 [b](2)
Male	113	26.28	197	45.81	
Female	196	45.58	233	54.19	
Other	1	0.23	0	0.00	
Income					120.55[c](10)
Less than $15,000	43	10.00	19	4.42	
$15,000 - less than $30,000	83	19.30	35	8.14	
$30,000 - less than $45,000	62	14.42	60	13.95	
$45,000 - less than $60,000	50	11.63	73	16.98	
$60,000 - less than $75,000	27	6.28	47	10.93	
$75,000 - less than $90,000	22	5.12	62	14.42	
$90,000 - less than $105,000	8	1.86	36	8.37	
$105,000 - less than $120,000	3	0.70	31	7.21	
$120,000 - less than $135,000	2	0.47	13	3.02	
$135,000 - less than $150,000	4	0.93	19	4.42	
More than $150,000	6	1.40	35	8.14	
Education					553.09[d](4)
Grade school	5	1.16	0	0.00	
High school	175	40.70	0	0.00	
Some college	130	30.23	70	16.28	
College	0	0.00	255	59.30	
Graduate school	0	0.00	105	24.42	
Hispanic					.59[e](1)
Yes	70	16.28	87	20.23	
No	240	55.81	343	79.77	
Ethnicity					
White/Caucasian	228	53.02	308	71.63	[f]
Black/African American	57	13.26	55	12.79	
Asian	15	3.49	47	10.93	
Native Hawaiian	3	0.70	4	0.93	
American Indian/Alaskan	7	1.63	9	2.09	
Other	16	3.72	19	4.42	
Marital Status					17.92[g](6)
Single, never married	126	29.30	146	33.95	
Married without child	42	9.77	50	11.63	
Married with children	80	18.60	170	39.53	
Divorced	25	5.81	22	5.12	
Seperated	6	1.40	5	1.16	
Widowed	2	0.47	6	1.40	
Living w/ partner	29	6.74	31	7.21	

Single, never married	126	29.30	146	33.95
Married without child	42	9.77	50	11.63

[a]significant at p = .011; [b]significant at p = .021; [c]significant at p < .001; [d]significant at p < .001; [e]not significant at p = .441; [f]not tested; [g] significant at p = .006

In addition to demographic statistics, Table 2 describes situational factors.

Table 2. Situational Factors

	Hotel Group		Airbnb Group		
Situational Category	Sample Size (n = 310)	%	Sample Size (n = 430)	%	Chi-Square Value (df)
Length of Stay					2.70[a] (4)
1-3 nights	168	3.02	227	52.79	
4-7 nights	98	22.79	140	32.56	
8-11 nights	29	6.74	48	11.16	
12-15 nights	8	1.86	6	1.40	
more than 15 nights	5	1.16	4	0.93	
In-Patient During Travel					[b]
Yes	180	26.28	241	45.81	
No	163	45.58	219	54.19	
Healthcare Service Received					1.61[c](5)
Non-elective medical Procedures (example: cancer treatment, disease management, heart surgery, orthopedic implant, etc.)	102	23.72	131	30.47	
Elective medical procedures (example: cosmetic or plastic surgery, dermatology, etc.)	60	13.95	98	22.79	
Spa/Wellness services (example: massage, herbal treatments, etc.)	60	13.95	80	18.60	
Rehabilitation/Physical Therapy (example: sports injury, pain management, etc.)	49	11.40	67	15.58	
Dental Services (example: dental implants, etc.)	25	5.81	33	7.67	
Other (Please describe)	13	3.02	21	4.88	

[a]Not significant at p = .609; [n]Not tested; [c]Not significant at p = .899

Table 3 presents the summary statistics for the items used to measure the various constructs of the model for both the hotel and Airbnb groups. Cronbach's α ranged from .895 to .934, above the recommended .70 level (Anderson & Gerbing, 1988) indicating high internal consistency. Since the measures have been previously validated in the tourism literature (See sources in Table 3), a CFA was conducted without an exploratory phase.

Table 3. Summary Statistics and Literature Sources

	Hotel Group			Airbnb Group			
Constructs and Measurement Items*	Mean	SD	Cronbach's α	Mean	SD	Cronbach's α	Adapted from

Esthetics[a]			.9226			.913	(Pine & Gilmore, 2016)
I felt a real sense of harmony with the setting of the Airbnb/Hotel	5.206	1.366		5.430	1.617		
It was pleasant just being at the Airbnb/Hotel	5.419	1.304		5.581	1.474		
The setting of the Airbnb/Hotel was very attractive	5.287	1.352		5.570	1.445		
The setting of the Airbnb/Hotel provided pleasure to my senses	5.264	1.361		5.467	1.529		
The setting of the Airbnb/Hotel really showed attention to detail in terms of design	5.232	1.331		5.477	1.522		
Community[b]			.912			.895	(Mody et el., 2016)
Staying at the Airbnb/Hotel allowed me to turn strangers into friends	4.629	1.672		5.277	1.584		
Staying at the Airbnb/Hotel made me feel part of the local community	4.800	1.528		5.374	1.527		
I felt closer to friends and family staying at the Airbnb/Hotel	4.874	1.545		5.263	1.579		
Home Design Congruence[c]			.934			.914	(Sirgy et al., 1997)
The Airbnb/Hotel was a mirror image of my own home	5.372	1.642		5.860	1.752		
I feel my personal style is similar to the Airbnb/Hotel I stayed in	5.764	1.486		6.175	1.605		
The Airbnb's/Hotel's interior design was consistent with the interior design of my own home	5.623	1.632		6.121	1.636		
The Airbnb/Hotel reflects my home's interior design style	5.594	1.654		6.079	1.606		
Feeling "At home"[d]							(Mody et el., 2016)

Staying at the Airbnb/hotel made me feel right at home	5.190	1.485		5.479	1.507		
Well-being[e]			.932			.930	(Tseng & Shen 2014)
My body felt healthier in the Airbnb/hotel environment	5.068	1.448		5.230	1.531		
I felt less ill in the Airbnb/hotel environment	5.026	1.434		5.158	1.647		
The Airbnb/hotel environment helped me to use my mind to improve my immune system	5.058	1.420		5.214	1.536		
The Airbnb/hotel environment made me feel more energized and less tired	5.119	1.375		5.240	1.575		
The Airbnb/hotel environment helped me keep my moods stable	5.187	1.357		5.298	1.585		
My body was more comfortable in the Airbnb/hotel environment							
I was be able to cope with angry and sad emotions in the Airbnb/hotel environment	5.197	1.420		5.319	1.538		
I was able to keep my emotions calm when faced with matters which make me angry in the Airbnb/hotel environment	4.997	1.456		5.226	1.582		

*Respondents viewed the survey with the appropriate wording (Airbnb/Hotel brand) depending on the group to which they belonged; [a]Measured using a 7 point semantic differential scale; [b]Measured using a 7 point Likert scale (1 = Strongly disagree to 7 = Strongly agree); [c]Measured using a 7 point Likert Scale (1 = Highly Unlikely to 7 = Highly Likely); [d]Measured using a 7 point Likert Scale (1 = Highly Unlikely to 7 = Highly Likely); [e]Measured using a 7 point Likert Scale (1 = Highly Unlikely to 7 = Highly Likely)

The overall CFA indicated acceptable fit ($\chi 2/df = 3.796$; CFI = .938; TLI = .928; RMSEA = .075; SRMR = .084). All the items loaded on to their respective constructs with high and significant ($p = .000$) standardized factor loadings that ranged from .710 to .934 for the hotel group and from .744 to .985 for the Airbnb group, indicating convergent validity (Liu & Jang, 2009). All constructs demonstrated discriminant validity, in that the square root of the AVE for each of these constructs exceeded the bivariate correlation between the constructs (AVEs ranged from .542 to .743). Next, the overall model was estimated using maximum likelihood technique (Byrne, 2016; Hair, Anderson, Babin, & Black, 2010).

The structural model indicated an acceptable fit to the data ($\chi 2/df = 3.843$; CFI = .932; TLI = .926; RMSEA = .082; SRMR = .094). The parameter estimates, presented in Table 3, indicated that all structural relationships in the model were highly significant ($p < .001$) for the Airbnb and the Hotel group. Thus, the findings of the study support hypotheses 1a, 2a, 1b, and 2b. Following Chen et al.'s (2005) recommendations for testing measurement invariance of second-order factor models, the authors tested for the configural and metric invariance of the multiple-group model. Measurement invariance was established.

Table 5. Results of Structural Equation Model

Path	Hotel Group		Airbnb Group	
	Estimate[a] (C.R)	p	Estimate[a] (C.R)	p
Second-order Factors				
Homescape →Esthetics	.684 (19.38)	***	.662 (21.66)	***
Homescape →Community	.716 (15.82)	***	.764 (21.99)	***
Homescape →Home Design Congruence	.592 (12.16)	***	.679 (17.59)	***
Structural Model				
Homescape → Feeling "At Home"	[b]			[b]
Feeling "At-home" → Well being	.600 (21.71)	***	.613 (22.78)	***

[a]unstandardized estimates; ***significant at p < .00; [b] parameters constrained to 1

Pairwise parameter comparisons indicated that there were no significant differences between the parameter estimates for the hotel and Airbnb groups, thus indicating that the underlying dynamics of promoting traveler well-being through a home-like environment are the same for both these segments of the accommodations industry.

Discussion

The authors explained the relationships established by the model of feeling "at home" and its influence on traveler well-being, and whether Airbnb and hotels differ in the traveler's experience of the various dimensions of the homescape. The study's key theoretical contribution lies in the homescape framework. Using Mody et al.'s (2016) experience economy construct- communitas, Pine and Gilmore's (2006) construct- esthetics, and adapting Sirgy et al. (1997) self-image congruence to personal home-design congruence, the present study addressed Graham et al.'s (2015) call for the need for more research on a home's benefits to occupants' well-being. Particularly, the study contributes to the tourism literature in the context of traveler well-being. The homescape provides a relevant theoretical lens for healthcare travelers and the psychological significance of feeling "at home". In addition, it lays the foundation for future research into the experiences of difference types of travelers that occupy accommodations. There remains the potential to expand the framework by exploring the effects of additional moderators that have been identified in tourism research. Such inclusion would provide a more diverse understanding of how a home-setting impacts users with varying demographic and situational conditions.

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